1: Nadel E-5 (1934-1936) 1942
FF52 Nupe FF52

In the course of our investigation my wife and I attempted to ascertain further statistical data which could throw light on these points. They were obtained by the method of house-to-house investigation in three selected localities, in the villages Kutigi and Jebba Island, and in one town ward of Bida. The scale of this statistical research, carried out single-handed, was of necessity very limited. Nevertheless, certain significant facts could be ascertained (Tables IV and V).

TABLE IV

	Mothers (age group 30–40)	*Total children born*	*Children alive*	*Children dead*	*Births per mother*	*Live children per mother*
Villages	101	206	108	98	2	1·06
Town	144	230	126	104	1·5	0·8

TABLE V

	Mothers	*Children died at age of*					*Total*
		Birth	*1–2*	*3–5*	*6–8*	*9–15*	
Villages	101	29	25	27	8	9	98
Town	41	21	15	27	7	4	74

Table V shows, first, the distribution of infant mortality over different age groups. Infant mortality in the villages seems, on the whole, considerably lower than in the town, remarkably so at, or shortly after, birth and in the first five years of the infant's life. This seems in the main due to the spread of venereal infection in the town, and also to the effects of abortion and artificial birth restriction which, as we shall see presently, is practised in Bida. The highest mortality, both in urban and rural districts, occurs at the age of 3–5. This peak of mortality seems due primarily to malaria, which is especially fatal at this age.[1]

Table IV (examining a larger group from the urban area) attempts to establish a comparative birth-rate for urban and rural areas. For the low fertility-rate of the Nupe women in general two physiological explanations suggest themselves: first, reduced fertility may be the result of certain endemic or widespread diseases, such as sleeping sickness and gonorrhoea; or second, it may be the result of prenatal deficiency of vitamin E (a vitamin contained, for example, in palm-oil). The effectiveness of these two physiological factors cannot be denied.[2] However, the striking difference in the birth-rate of town and villages demands a different interpretation. The distribution of venereal diseases, definitely higher in the town than in the rural area, would fit into the picture. But of sleeping sickness rather the opposite is true; and the vitamin deficiency

[1] For this information, as for the other medical information in this chapter, I am indebted to Dr. M. Ellis, of the Nigerian Medical Service, who at the time was in charge of Bida N.A. Hospital.

[2] A study of diet among the Nupe has shown that the women's share of the daily meals (i.e. the meals cooked with palm-oil) is only about one-fourth of the men's share.